

**Colorado Nursing Facility Culture Change Accountability Board
CMP Distribution Grants 2009-2010**

Grant Application Score Sheet

Application #: _____ **Amount Requested: \$** _____ **Reviewer Initials:** _____

Applicant: _____

ORGANIZATIONAL INFORMATION

Possible Points: 6

Section Score: _____

Describe your agency or organization. What does your agency or organization do? Who do you serve?

	Possible	Points
How well did this application follow the instructions for this section and include the requested and suggested information?	2	
How clearly did this application describe who the organization is and what they do?	2	
How clearly did this application clearly describe who is served by this organization?	2	
Penalty for substandard quality of care deficiencies. (nursing homes)	-5	
Penalty for repeat Level G deficiencies. (nursing homes)	-5	
Other adverse organizational deficiencies/circumstances. (non-nursing homes)	-10	

PROJECT INFORMATION

Possible Points: 20

Section Score: _____

How do you propose to use these grant funds?

What is the full cost of your project and, if more than the grant, where will you get the remaining funds?

	Possible	Points
How well did this application follow the instructions for this section and include the requested and suggested information?	3	
How clearly did this application explain what they propose to do with the grant funds?	7	
How well did this application justify the amount of funds requested and describe what the full cost of the project would be?	7	
How well did the application describe the process for evaluating and measuring the impact?	3	

IMPACT OF PROJECT

Possible Points: 16

Section Score: _____

How will receipt of this grant make a difference in the quality of life of residents in nursing facilities?

	Possible	Points
How effectively will this project be at improving the quality of life of residents residing in nursing homes?	8	
How well did the application demonstrate the continuing and long-term impact of the project?	8	

BUDGET INFORMATION

Possible Points: 4

Section Score: _____

What was your annual budget in 2009 – revenues and expense?

In general, where do you get your funding? Please use percentages.

	Possible	Points
How well did this application follow the instructions for this section and include the requested and suggested information?	2	
Given the brevity of this section, did the information provided adequately describe the organization's general budget and sources of funding?	2	

OVERALL QUALITY AND APPEAL**Possible Points: 4 Section Score: _____**

Grant applications always compete with the other applications submitted for the same round. These questions relate to how this application compared overall to the other applications in this round.

	Possible	Points
Overall, compared to the other applications you reviewed, how effectively did this application complete the application form and use the space provided to their advantage?	2	
Overall, compared to the other applications you reviewed, how effectively does the information in this application make a clear and compelling case for being funded?	2	

SCORING SUMMARY

GRANT #	Possible Score	Section Score
ORGANIZATIONAL INFORMATION	6	
PROJECT INFORMATION	20	
IMPACT OF PROJECT	16	
BUDGET INFORMATION	4	
OVERALL QUALITY AND APPEAL	4	
TOTAL	50	

Funding Recommendation: (Circle One)**Full Funding****No Funding*****Partial Funding - \$ _____**

*If you recommend partial funding, is there a particular portion of the project you would fund?

Suggestions or Comments *(These comments are shared with the applicant, and so very appreciated. Please take the time to make a few.)*

STRENGTHS**WEAKNESSES****SUGGESTIONS**